

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G319		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/21/2011	
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 211 W 3RD STREET PERU, IN46970			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W0000	<p>This visit was for the investigation of complaint #IN00096220.</p> <p>Complaint #IN00096220: SUBSTANTIATED, Federal and State deficiencies related to the allegation were cited at W149, W156, and W227.</p> <p>Dates of Survey: September 19, 20, and 21, 2011.</p> <p>Provider Number: 15G319 Facility Number: 000837 AIM Number: 100243970</p> <p>Surveyor: Susan Eakright, Medical Surveyor III/QMRP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 9/30/11 by Ruth Shackelford, Medical Surveyor III.</p>			W0000	<p>All Mentor employees are trained on client rights as well as reporting of abuse, neglect and exploitation. Staff in home will be retrained on both client rights and the policy of reporting of abuse, neglect and exploitation. Client A who requires 1:1 staffing will have assigned staff to work directly with her. The assigned staff will be indicated on the house schedule. Upon an assigned staff calling off for their scheduled shift the staff another staff will be assigned as client A's 1:1 staff person. This will not automatically be the staff person replacing the staff who called off but will be assigned by the Program Director or House Manager. All program staff will also be retrained on approved PIA Techniques(Physical Intervention Strategies) which should be used only according to clients approved plan of care. Staff will also be retrained that any use of PIA should be reported to the House Manager, Program Director or on-call Supervisor if during on call hours. Staff and Supervisors will be retrained on BDDS reportable incidents and timeline for reporting. Staff will be retrained on client supervision levels required for each client. This will include retraining that sleeping on the job or failure to provide adequate supervision levels will result in termination.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W0149	<p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on record review and interview, for 8 of 8 clients (clients A, B, C, D, E, F, G, and H) living in the group home, the facility neglected to protect the clients from abuse/neglect and to follow the facility's policy and procedure for abuse, neglect, mistreatment for 2 of 2 substantiated allegations of staff neglect and abuse. The facility neglected to report the results of the investigation within five (5) days to the administrator, and to BDDS (Bureau of Developmental Disability Services) according to state law.</p> <p>Findings include:</p>			W0149	<p>Staff will be retrained on active treatment guidelines and requirements. Indiana Mentor will investigate any allegations of abuse, neglect, or exploitation immediately and develop recommendations within 5 days. These recommendations will be implemented immediately by the Program Director and will be reported to the team and APS. A BDDS follow up will be completed within 7 days of the initial BDDS report and will include the recommendations and verify that they have been implemented as well as any additional measures to be taken.</p> <p>All Mentor employees are trained on client rights as well as reporting of abuse, neglect and exploitation. Staff in home will be retrained on both client rights and the policy of reporting of abuse, neglect and exploitation. Client A who requires 1:1 staffing will have assigned staff to work directly with her. The assigned staff will be indicated on the house schedule by the Program Director or House Manager. Upon an assigned staff calling off for their scheduled shift the staff another staff will be assigned as client A's 1:1 staff person. This will not automatically be the staff person replacing the staff who called off but will be assigned by the Program Director or House</p>		10/19/2011

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	<p>1. On 9/19/11 at 3:15pm, the facility's Bureau of Developmental Disability Services Reports from 8/1/11 through 9/19/11 were reviewed and indicated the following:</p> <p>-A BDDS Report on 9/1/11, for an incident on 8/31/11 at 8pm, indicated client A's "one on one staff was suspended pending an allegation of alleged verbal and physical abuse by (Direct Care Staff (DCS) #1)." The report indicated "the allegation stated that the suspended staff pushed [client A] into the toilet in [client A's] bathroom and cursed at [client A]." The report indicated client A had no visible injuries and DCS #1 was suspended pending an investigation. No follow up report was available for review.</p> <p>On 9/21/11 at 9:45am, the 9/5/11 investigation into the incident on 8/31/11 was reviewed and indicated the following:</p> <p>-DCS #4 heard client A screaming and heard a noise. DCS #4 went to client A's bedroom and DCS #4 saw DCS #1 "push [client A] against the wall in [client A's] bedroom forceful (sic) with both hands." The investigation indicated DCS #4 heard DCS #1 state to client A "I am not dealing with this s--- tonight." The 9/5/11 investigation indicated DCS #4 saw client A crying, screaming, and was "upset."</p>				<p>Manager. All program staff will also be retrained by the Program Director on approved PIA Techniques(Physical Intervention Strategies) which should be used only according to clients approved plan of care. Staff will also be retrained by the Program Director that any use of PIA should be reported to the House Manager, Program Director or on-call Supervisor if during on call hours. Retrained on BDDS reportable incidents and timeline for reporting for staff will be provided by the Program Director as well as the House Manager and Program Director receiving retraining by the Area Director. Staff will be retrained on client supervision levels required for each client by the Program Director. This will include retraining as to sleeping on the job or failure to provide adequate supervision levels will result in termination. Staff will be retrained on active treatment guidelines and requirements. Indiana Mentor Program Director or Area Director will investigate any allegations of abuse, neglect, or exploitation immediately and develop recommendations within 5 days. These recommendations will be implemented immediately by the Program Director and will be reported to the team and APS. A BDDS follow up will be completed within 7 days of the initial BDDS report by the Program Director and will include the</p>		

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	<p>-DCS #5 stated he was to have been client A's one on one staff on 8/31/11 "but [DCS #1] took over one on one responsibilities" after the outing so DCS #5 supervised other clients. The investigation indicated DCS #4 was client A's one on one staff "earlier in evening" for an outing. DCS #5 stated "there were no behavioral issues with [client A] until [DCS #1] tried to get her ready for bed and [client A] was not ready." The investigation indicated DCS #5 "heard" DCS #1 in client A's bedroom and DCS #5 heard screaming and yelling. DCS #4 went to DCS #5 in the medication room and requested DCS #5 to "get in there because [DCS #1] just pushed [client A] and [DCS #1] told [DCS #4] to leave [client A's] bedroom" and he (DCS #5) could hear client A screaming. DCS #5 stated he went to client A's bedroom, into client A's bathroom, and "he saw [client A's] depend (soiled adult incontinent brief) thrown all over the floor, pieces of it shredded everywhere, and [client A] sitting on the toilet bare bottom and shaking." The investigation indicated DCS #5 stated "[DCS #1] was upset and [DCS #5] asked if [DCS #1] would like to step outside he would take over. [DCS #1] stated no, she had the situation under control." The investigation indicated DCS #5 "told" DCS #1 that "she needed to step outside</p>				<p>recommendations and verify that they have been implemented as well as any additional measures to be taken.</p>		

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	<p>and calm down and he would finish with client A. DCS #5 stated DCS #1 "would not leave." DCS #5 stated that DCS #1 stated to him "the f----- b---- just slapped me." DCS #5 stated that while he was in the bathroom asking DCS #1 to leave the area that client A went to stand up from the toilet and he saw DCS #1 "for no reason, [DCS #1] pushed [client A] down on the toilet, with two hands on [client A's] left shoulder forceful push (sic)."</p> <p>-DCS #1's statement indicated at 7:45pm client A came upstairs to her bedroom and client A hit DCS #1. DCS #1 indicated she "stopped [client A] hand with an approved PIA (Physical Intervention Alternatives) technique. DCS #1 stated she tried to get client A to the bathroom because client A was wet. DCS #1 indicated client A tried to scratch DCS #1, "at this time I grabbed ahold of her wrist." The report indicated DCS #1 grabbed both client A's wrists. The investigation indicated client A would not get out of her "soaked" clothing and adult brief. DCS #1 stated "she had to rip the brief off the sides because [client A] would not let [DCS #1] assist. When I ripped the briefs from the sides to get them off [client A] that is when she threw the brief at me and the brief went in many directions and a mess was made in the bathroom."</p>						

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	<p>The conclusion of the investigation indicated client A had established one on one protocol in place and DCS #1 "violated the protocol when [DCS #1] left [client A] downstairs in the dining room unsupervised, left the house during her shift without permission, and also used forceful aggressive moves on [client A], that [DCS #1] admitted are not approved client handling PIA techniques." No results of the investigation were available for review.</p> <p>On 9/21/11 at 9:45am, the results of client A's investigation indicated DCS #1 was terminated from employment on 9/21/11.</p> <p>On 9/21/11 at 9:45am, an interview with the Program Director and the Regional Director (RD) was completed. Both indicated the results of the facility investigation for client A's 8/31/11 allegation had not been reported to BDDS in accordance with state law.</p> <p>Client A's record was reviewed on 9/19/11 at 4:40pm. Client A's 12/21/10 ISP (Individual Support Plan) and a 5/2011 "Quick Reference Guide" for client A's "revised 3/2011 behavior development plan" (BDP) indicated her behaviors included but were not limited to physical assault. Client A's "Physical Assault" was defined as "attempts or actual attacks</p>						

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	<p>directed at one or more individuals with the apparent intent to produce pain or injury, and taking the form of one or more of the following: hitting, scratching, pinching, kicking, biting, pulling hair, head butting, pushing, and/or striking with a held or propelled object." Client A's plan indicated she "required" one on one staff supervision during "all" awake hours because of client A's physical aggression toward staff and other clients.</p> <p>2. On 9/19/11 at 3:15pm, the facility's BDDS (Bureau of Developmental Disability Services) Reports from 8/1/11 through 9/19/11 were reviewed and indicated the following: -A BDDS Report on 8/30/11, for an incident on 8/28/11 at 11:30am, indicated "staff member (DCS #3) was suspended for an allegation of allegedly sleeping on duty. There were three clients in the house (clients B, C, and F) with this staff member being the sole staff in the house when the allegation occurred. The second staff [DCS #2] had arrived from a one on one with another client (client A) and made the accusation." The report indicated DCS #2 stated "[DCS #3] was asleep on the couch." The report indicated the program director (PD) was called, the PD came to the group home, and DCS #3 "was suspended from duty" pending an investigation. No follow up</p>						

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	<p>report was available for review.</p> <p>On 9/21/11 at 9:45am, the facility's 8/30/11 investigation for the 8/28/11 incident for clients B, C, and F was reviewed. The investigation indicated on 8/28/11 the House Manager received a call from DCS #2 that DCS #3 was "asleep on the couch when [DCS #2] returned from a client outing with [client A]." The report indicated DCS #2 was "gone for about an hour" and clients B, C, and F were in the group home. The investigation indicated DCS #3 "stated he laid down on the couch and closed his eyes. [DCS #3] stated that he had his eyes closed for about ten minutes and [DCS #2] walked in." The report indicated DCS #3 stated "he was not asleep (and) he did not know where all clients were." The report indicated DCS #3 "admitted that he did not engage in active treatment but did state that he knew the clients were safe and that he was not asleep."</p> <p>-DCS #2's statement indicated that when he returned to the group home client A and DCS #2 entered through the back door and "the door alarm was on lighter sound." DCS #2 stated "the house was dark, he asked where everyone was, and observed [DCS #3] on the sofa...with his eyes shut." DCS #2 stated client A left the group home and he followed her, he left</p>						

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	<p>the back door open so he could see inside "since he thought [DCS #3] was asleep." DCS #2 called the PD at 11:45am.</p> <p>The conclusion to the investigation indicated DCS #3's "testimony states he closed his eyes for approximately fifteen minutes which suggests he did not provide appropriate supervision."</p> <p>On 9/21/11 at 9:45am, the results of the investigation indicated DCS #3 was terminated from employment on 9/21/11.</p> <p>On 9/21/11 at 9:45am, an interview with the Program Director and the Regional Director (RD) was completed. Both indicated the results of the facility's 8/28/11 investigation for DCS #3 sleeping on duty had not been reported to BDDS in accordance with state law.</p> <p>On 9/19/11 at 2:25pm, a record review of the facility's 7/2006 "Quality and Risk Management" indicated the company prohibited abuse, neglect, and mistreatment of clients, and indicated, "Neglect, means the failure to by any staff members to supply or to ensure the supply of necessary food, clothing, shelter, health care, or supervision for an individual being served." The policy/procedure indicated the company "Practices prohibited include the following...painful</p>						

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	<p>stimuli to the body" which included hitting, pinching, and the infliction of physical pain...6. The provider providing case management services to an individual shall submit a follow up report concerning the incident on the BDDS's follow up incident report form at the following times: (a) within seven (7) days of the date of initial report; (b) every seven (7) days thereafter until the incident is resolved...C. Indiana Mentor is committed to completing a thorough investigation for any event out of the ordinary which jeopardizes the health and safety of any individual served or other employees. 1. Investigations will be conducted for the following incidents: allegations of suspected abuse, neglect, or exploitation...2. Investigation findings will be submitted to the Director of Program Services for review and development of further recommendations as needed within 5 days of the incident."</p> <p>This federal tag relates to complaint #IN00096220.</p> <p>9-3-2(a)</p>						

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W0156	<p>The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident.</p> <p>Based on record review and interview, for 8 of 8 clients (clients A, B, C, D, E, F, G, and H) living in the group home, the facility failed to report within five (5) business days the results of the investigations for 2 of 2 substantiated allegations of staff neglect and abuse to the administrator, to BDDS (Bureau of Developmental Disability Services), and to Adult Protective Services (APS) in accordance with state law.</p> <p>Findings include:</p> <p>1. On 9/19/11 at 3:15pm, the facility's BDDS (Bureau of Developmental Disability Services) Reports from 8/1/11 through 9/19/11 were reviewed and indicated the following: -A BDDS Report on 9/1/11, for an incident on 8/31/11 at 8pm, indicated client A's "one on one staff was suspended pending an allegation of alleged verbal and physical abuse by (Direct Care Staff (DCS) #1)." The report indicated "the allegation stated that the suspended staff pushed [client A] into the toilet in [client A's] bathroom and cursed at [client A]." The report indicated client A had no visible injuries and DCS #1 was suspended pending an investigation. No follow up report was available for review.</p> <p>On 9/21/11 at 9:45am, the 9/5/11 investigation into the incident on 8/31/11 was reviewed and indicated the following: -DCS #4 heard client A screaming and heard a noise. DCS #4 went to client A's bedroom and DCS #4 saw DCS #1 "push [client A] against the wall in [client A's] bedroom forceful (sic) with both hands." The investigation indicated DCS #4 heard DCS #1 state to client A "I am not dealing with this s--- tonight." The 9/5/11 investigation indicated DCS #4 saw client A crying, screaming, and was "upset."</p> <p>The conclusion of the investigation indicated client A</p>			W0156	<p>Staff will be retrained on active treatment guidelines and requirements by the Program Director. Indiana Mentor will investigate any allegations of abuse, neglect, or exploitation immediately and develop recommendations within 5 days. These recommendations will be implemented immediately by the Program Director and will be reported to the team and APS. A BDDS follow up will be completed within 7 days of the initial BDDS report by the Program Director and will include the recommendations and verify that they have been implemented as well as any additional measures to be taken. Client A who requires 1:1 staffing will have assigned staff to work directly with her. The assigned staff will be indicated on the house schedule by the Program Director or House Manager. Upon an assigned staff calling off for their scheduled shift the staff another staff will be assigned as client A's 1:1 staff person. This will not automatically be the staff person replacing the staff who called off but will be assigned by the Program Director or House Manager. All program staff will also be retrained by the Program Director on approved PIA</p>		10/19/2011

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	<p>had established one on one protocol in place at the time of the incident and DCS #1 "violated the protocol when [DCS #1] left [client A] downstairs in the dining room unsupervised, left the house during her shift without permission, and also used forceful aggressive moves on [client A], that [DCS #1] admitted are not approved client handling PIA (physical intervention alternative) techniques." The conclusion to the investigation was the findings of the investigator and not the final report for the incident. No results of the investigation were available for review.</p> <p>On 9/21/11 at 9:45am, the results of client A's investigation indicated DCS #1 was terminated from employment on 9/21/11.</p> <p>On 9/21/11 at 9:45am, an interview with the Program Director and the Regional Director (RD) was completed. Both indicated the results of the facility investigation for client A's 8/31/11 allegation had not been reported to facility's administrator, to BDDS, or APS, or in accordance with state law.</p> <p>2. On 9/19/11 at 3:15pm, the facility's BDDS (Bureau of Developmental Disability Services) Reports from 8/1/11 through 9/19/11 were reviewed and indicated the following: -A BDDS Report on 8/30/11, for an incident on 8/28/11 at 11:30am, indicated "staff member (DCS #3) was suspended for an allegation of allegedly sleeping on duty. There were three clients in the house (clients B, C, and F) with this staff member being the sole staff in the house when the allegation occurred. The second staff [DCS #2] had arrived from a one on one with another client (client A) and made the accusation." The report indicated DCS #2 stated "[DCS #3] was asleep on the couch." The report indicated the program director (PD) was called, the PD came to the group home, and DCS #3 was suspended from duty" pending an investigation.</p> <p>On 9/21/11 at 9:45am, the facility's 8/30/11 investigation for the 8/28/11 incident for clients B, C, and F was reviewed. The investigation indicated on 8/28/11 the House Manager received a call from DCS</p>				<p>Techniques(Physical Intervention Strategies) which should be used only according to clients approved plan of care. Staff will also be retrained that any use of PIA should be reported to the House Manager, Program Director or on-call Supervisor if during on call hours. Staff and Supervisors will be retrained on BDDS reportable incidents and timeline for reporting. Staff will be retrained by the Program Director and the Program Director and House Manager will be retrained by the Area Director. Staff will be retrained by the Program Director on client supervision levels required for each client. This will include retraining that sleeping on the job or failure to provide adequate supervision levels will result in termination.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/20/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G319		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/21/2011	
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 211 W 3RD STREET PERU, IN46970			
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W0227	<p>#2 that DCS #3 was "asleep on the couch when [DCS #2] returned from a client outing with [client A]." The report indicated DCS #2 was "gone for about an hour" and clients B, C, and F were in the group home. The investigation indicated DCS #3 "stated he laid down on the couch and closed his eyes. [DCS #3] stated that he had his eyes closed for about ten minutes and the [DCS #2] walked in." The report indicated DCS #3 stated "he was not asleep (and) he did know where all clients were." The report indicated DCS #3 "admitted that he did not engage in active treatment but did state that he knew the clients were safe and that he was not asleep."</p> <p>The conclusion to the investigation indicated DCS #3's "testimony states he closed his eyes for approximately fifteen minutes which suggests he did not provide appropriate supervision." The conclusion to the investigation was the findings of the investigator and not the final report for the incident.</p> <p>On 9/21/11 at 9:45am, the results of the investigation indicated DCS #3 was terminated from employment on 9/21/11.</p> <p>On 9/21/11 at 9:45am, an interview with the Program Director and the Regional Director (RD) was completed. Both indicated the results of the facility 8/28/11 investigation for DCS #3 sleeping on duty had not been reported to the administrator, to BDDS, to APS in accordance with state law.</p> <p>This federal tag relates to complaint #IN00096220.</p> <p>9-3-2(a)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on observation, record review, and interview for 1 of 1 sampled client (client</p>			W0227	<p>Program Director will develop a toileting goal for client in adult incontinence briefs to be implemented ongoing for the</p>		10/10/2011

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	<p>A) who was incontinent and wore adult briefs, the facility failed to initiate programming in client A's Individual Support Plan (ISP) to address client A's toileting needs.</p> <p>Findings include:</p> <p>On 9/19/11 from 4:25pm until 5:20pm, and on 9/20/11 from 8:30am until 9:35am, client A was observed at the group home and wore adult incontinent briefs. On 9/20/11 at 9:10am, DCS #2 stated client A "wore briefs 24/7 (twenty-four hours a day, seven days a week)" because client A was incontinent.</p> <p>Client A's record was reviewed on 9/19/11 at 4:40pm. Client A's 12/21/10 ISP (Individual Support Plan) did not indicate an identified behavior of incontinence. Client A's 12/21/10 ISP indicated a toileting goal to close the bathroom door. Client A's record did not indicate the use of incontinence adult briefs.</p> <p>On 9/21/11 at 9:45am, an interview with the PD/QMRP (Program Director/Qualified Mental Retardation Professional) was completed. The PD/QMRP indicated client A's toileting objective was to close the bathroom door. The PD/QMRP indicated closing the bathroom door did not teach client A to</p>				<p>duration of incontinence. If a client is incontinent this will be noted in the clients ISP and Behavior Management Plan and upon the need for adult incontinent briefs, IDT team and HRC approval to utilize depends per the agreed upon plan to utilize depends.</p>		

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	use the toilet. The PD/QMRP indicated client A had an identified need to teach her to use the bathroom and no objective was available for review. This federal tag relates to complaint #IN00096220. 9-3-4(a)						